Report Year: 2010 10786 Mills Peninsula Health Center San Mateo Page:1 of 22

## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10786
Facility Name:	Mills Peninsula Health Center
Address:	100 South San Mateo Drive
City:	San Mateo
Hospital Owner/Lice	ensee: Mills-Peninsula Health Services
Year of Rep	porting: 2010
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Carl Scheuerman
Submission	Date: 1/25/2011 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.			Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
02	Power Plant	100 South San Mateo Drive	Remove	N/A	01/01/2013	12/31/2012

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: 02 **Building Name: Power Plant** Type of Service Provided Surgical Obstetrical Inpatient Inpatient 0 Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 Anesthesia WellBaby Beds **Emergency** Clinical Lab Inpatient Days Inpatient 0 Pediatric/Adol escent **Beds** Nuclear Radiological/ Medicine Imaging **Psychiatric** Inpatient Days ol Inpatient Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient Inpatient Days Dietetic Therapy Ante/Postprtum Beds Renal Dialysis Administration Inpatient Inpatient Days 0 Intermediate 0 Care **Beds**

0

0

Support

Services

Obstetrical

Cesarean/Deliv

Outpatient

Central Plant

Surgery

Report Status: **Data Last Update**: 10/11/2010 **Submission Date**: 01/25/2011 **Print Date**: 1/26/2011 8:38 AM

Inpatient Days

Total Beds this

**Building** 

Skilled Nursing

Inpatient

**Beds** 

Report Year:

2010

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Mills Peninsula Health Center

San Mateo

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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02 <b>B</b>	Building Name: Power	er Plant		
Medical / Surgical (	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	X
02	Power Plant	X

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## List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site	
N_1	New Hospital	X	

Report Year: 2010 10786 Mills Peninsula Health Center San Mateo Page:8 of 22 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Main Hospital 2008 01 Year of Building Building Information: Number: Name: 11/24/2009 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 40 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Х Renal Dialysis Recovery |x| Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient

Radiological/

Pharmaceutical

Administration

Imaging

Dietetic

**Psychiatric** 

Obstetrical

Intermediate

Skilled Nursing

Care

Ante/Postprtum

Nursing

Inpatient

Inpatient

Inpatient

Inpatient

Building

Total Beds this

Beds

**Beds** 

Beds

Beds

0

0

0

0

40

Newborn/

WellBaby

**Emergency** 

Nuclear

Medicine

Surgery

Support

Services

Central Plant

Report Status: Data Last Update: 10/11/2010 Submission Date: 01/25/2011 1/26/2011 8:38 AM **Print Date:** 

|x|

Report Year: 2010 10786 Mills Peninsula Health Center San Mateo Page:9 of 22 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Main Hospital 2009 01 Year of Building Building Information: Number: Name: 02/16/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation 28 Nursing Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Х Renal Dialysis Recovery |x| Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** 

Report Status: **Data Last Update:** 10/11/2010 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

|x|

0

0

28

Dietetic

Administration

Nuclear

Medicine

Support

Services

Ante/Postprtum

Intermediate

Skilled Nursing

Care

**Beds** 

Beds

Beds

Inpatient

Inpatient

Building

Total Beds this

Report Year:	2010 10786	Mills Peninsula Health Center	San Mateo	Page:10 of 22	
Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)					
Building Number:	01 Building Name:	Main Hospital	Year of Information:	2010	
			Information Current A Of:	As 02/16/2010	
Type of Ser Provided	vices				
X Nursing	Inpatient Beds	28 X Surgio	Cal Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	

Anesthesia

Clinical Lab

Radiological/ Imaging

X Pharmaceutical

Dietetic

Administration

|X|

|X|

Obstetrical

Recovery

Newborn/

WellBaby

Emergency

Nuclear

Medicine

X

X

X

Renal Dialysis

Outpatient

Central Plant

Surgery

Support

Services

0

0

0

0

0

0

28

IntensiveCare

Pediatric/Adol

Psychiatric

Obstetrical Ante/Postprtum

Intermediate

Skilled Nursing

Care

escent

Nursing

Inpatient

Inpatient

Inpatient

Inpatient

Inpatient

Inpatient

Total Beds this Building

Beds

Beds

Beds

Beds

Beds

Beds

Report Status:	Data Last Update:	10/11/2010	Submission Date:	01/25/2011	Print Date:	1/26/2011 8:38 AM

Report Year: 2010 10786 Mills Peninsula Health Center San Mateo Page:11 of 22 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Power Plant 2008 02 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

Report Year: 2010 10786 Mills Peninsula Health Center San Mateo Page:12 of 22 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Power Plant 2009 02 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 02 Number:	Building Name:	Power Plan	t	Year of Information:	2010	
				Information Current As Of:		
Type of Services Provided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant	
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient Beds Total Beds this Building	0	Administration			

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number:  Will general acutr care services and beds will be relocated to a new or retrofittrd building?  Nursing  Removed from hospital services
Building Number:  Main Hospital  Number:  Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Surgical Removed from hospital services
Building Number: Main Hospital

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Building Number: Will general acu Radiological/Ima		Main Hospital relocated to a new or retrofittrd building?		
Building Number: Will general acu Pharmaceutical		Main Hospital relocated to a new or retrofittrd building?		
Building Number: Will general acu Dietetic	01 Building Name: utr care services and beds will be r	Main Hospital relocated to a new or retrofittrd building?		
Building Number: Will general acu Administration	01 Building Name: utr care services and beds will be r	Main Hospital relocated to a new or retrofittrd building?		

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Building Number: Will general acu Support Service		Main Hospital elocated to a new or retrofittrd building?		
Building Number: Will general acu Emergency	01 Building Name: tr care services and beds will be r	Main Hospital elocated to a new or retrofittrd building? ervices	, ,	
Building Number: Will general acu Rehabilitation Therapy	01 Building Name:  tr care services and beds will be r  Removed from hospital se	Main Hospital elocated to a new or retrofittrd building? ervices		
Building Number: Will general acu Renal Dialysis	01 Building Name: tr care services and beds will be r	Main Hospital elocated to a new or retrofittrd building?	, ]	

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Building Number: Will general acu OutpatientSurge		Main Hospital elocated to a new or retrofittrd building?		
Building Number: Will general acu Medical/Surgica (Include GYN)		Main Hospital elocated to a new or retrofittrd building? ervices		
Building Number: Will general acu Rehabilitation Center	01 Building Name: tr care services and beds will be r Removed from hospital se	Main Hospital elocated to a new or retrofittrd building? ervices		
Building Number: Will general acu CentralPlant	02 Building Name: tr care services and beds will be r	Power Plant elocated to a new or retrofittrd building?	, ]	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Power Plant					
Type of Service Provided								
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia					
	IntensiveCare			Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab			Outpatient		
			Radiological/ Imaging	Newborn/ WellBaby		Surgery		
Ш	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant		
	Obstetrical Ante/Postprtur	n		Nuclear		Support		
	7 ti 100/1 004p11di		Dietetic	Medicine		Services		
	Intermediate Care		Administration					
	Skilled Nursing	<b> </b>						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 01	Building Na	me: Main Hospital				
Configuration:	Remove from GAC	Service by	1/1/2013				
Type of Service Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine	  X	Support
	Skilled Nursing	X	Administration		Nucleal Medicine		Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 02	Building Na	me: Power Plant				
Configuration:	Remove from GAC	service by	1/1/2013				
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care		Dietetic				
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 01 Building Name: Main Hospital									
Тур	Type of Service Provided								
X	Nursing	Inpatient Beds	28	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0	X	Administration				
	Total Beds this Building		28						

Report Status: **Data Last Update:** 10/11/2010 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	1 Build	ing Name: Mair	n Hospital		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	<sup>'</sup> Care	Acute Psychiatric	
Inpatient 8 Bed	Inpatient 139 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 1607 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	28	28